

**DEPARTMENT OF PERSONNEL ADMINISTRATION
BENEFITS DIVISION**

COBRA Group Continuation Coverage
Dental and Vision Plan Monthly Premiums Effective January 1, 2008

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Delta Dental	Enhanced	Former Excluded employees and their eligible dependents	\$50.99	\$102.01	\$143.97
Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 COBRA – State of California 1-800-296-0192	Basic	Former Rank and File employees	\$48.96	\$86.76	\$126.16
	Basic	Eligible dependents of Rank and File employees	\$41.81	\$63.31	\$83.23
	PPO	Former Excluded & Rank and File employees and their eligible dependents	\$41.62	\$82.20	\$124.35
SafeGuard P.O. Box 30910 Laguna Hills, CA 92654-0910 Attn: COBRA UNIT Billing and Eligibility 1-800-880-1800	Standard	Former Rank and File employees and their eligible dependents	\$15.41	\$24.97	\$34.98
	Enhanced	Former Excluded employees and their eligible dependents	\$15.08	\$25.52	\$31.44
DeltaCare USA 12898 Towne Center Drive Cerritos, CA 90703 Attn: COBRA UNIT 1-800-422-4234	Basic	Former Excluded & Rank and File employees and their eligible dependents	\$17.70	\$29.04	\$40.17
Vision Service Plan P.O. Box 997100 Sacramento, CA. 95899-7100 Attn: COBRA UNIT 1-800-852-7600	Basic	Former Excluded & Rank and File employees and their eligible dependents	\$9.37	\$9.37	\$9.37

Bargaining Unit 5 employees should contact their Personnel Office for COBRA dental premiums information. Unit 5 employees have vision coverage through the State-sponsored Vision Service Plan (VSP) and the COBRA vision premiums reflected above apply. Bargaining Unit 6 employees should contact their Personnel Office for COBRA dental and vision premiums information.